VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2310 CERTIFICATE OF DEATH

Reg. Dist. No.

1, PLACE OF DEATH a. COUNTY	Somerset		MARYL	AND	a. STATE	dence (wi		lived. If instituti b. COUNTY	-	before odm	ission)
b. CITY OR TOWN (I RURAL and give no Crisfie	PTD 00	s, write	c. LENGTH OF STAY II		_	lesto		ote limits, write R	URAL ond gi	ve nearest to	wn)
d. NAME OF HOSPIT OR INSTUUTION Edw. W. M	ral (If not in haspital, g ccready M	emo:	oddress) rial Hospit	al	d. STREET A	DDRESS Lural				ON	A FARM?
3. NAME OF DECEASED (Type or print)	Josep		Middle	Br	itting		4. DATE OF DEATH	Mor lebruar		21°	1959
5. SEX Female	6. COLOR OR RACE white	7. MARR	RIED NEVER MARRIED DIVORCED	1.0	DATE OF BIRT	H 389		9. AGE (In years last birthdoy) yrs.		YEAR IF UNI	
10a. USUAL OCCUPATION during most of world Housewif	ON (Give kind of work of king life, even if retired)	ione 10b.	KIND OF BUSINESS OR	INDUST	Virg	ginia	2	untry)		S.A.	T COUNTRY
	Merritt				14. MOTHER'S			Lasbur	y		
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN E.	J. Bri	Lttir	ngham,	Add Westo		Maryl	and
PART I. DEA	ATH [Enter only one ca ITH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	12.	ne far (a), (b), ond (c).]	17,	te &	Q-1	Hen La	of .		INTERVAL ONSET AN	
Canditions, if o gove rise to i cause (o), stating lying couse lost.	mmediate the under-	DITIONS	CONTRIBUTING TO DEAT	H BUT N					VEN IN PART	1(o) 19. WAS PERF	S AUTOPSY ORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	URRED.	(Enter noture o	f injury in	Port I or Port	II of item 18.)		YES [] NO []
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED 2 Nat while t of work	0e. PLA	CE OF INJURY (I	Hame, farm bldg., etc	n. 20f. (City (or lown)	(Co	ounty)	(State)
21. I certify the alive an Functional Signature	eat I attended the 6-20 Eurys 6 to	195	ed fram Law 9, and that a	leath (1:05	AM, fram ADDRESS (Str	the causes of the cause of	and on the	e date sta	
PHYSICIAN'S NAME (Type) G	eorge C.	Cou	lbourn, M.	D.	Man	rion	Stati	lon, Ma	ryla r	nd	
220. BURIAL, CREMATIO REMOVAL (Specify)	226. DATE THEREO 2-23-59	F	Sunnyridge					ield, Md		(Ste	ote)
23. FUNERAL DIRECTOR' Bradshaw	& Sons, Cr	isfie	ADDRESS				D BY REGISTR		STRAR'S SIGN		

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		City Inches	
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FOR STATE HEALTH DEPT.

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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the control of state of the funeral director. Page 4 shauld be control of the chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files. O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State of 1 of Health, are its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.

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VS.	A15ME
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

								Reg. D	ist. No).	
	PLACE OF DEAT	H	1. 3.		2. USUAL RESIDEN	ICE (Where deced	sed lived. If Institu	tion: Reside	ence be	fare odm	ission)
,	. COUNTY	Comerset		MARYLAN	o. STATE	and	b. COUNT	Some	2000	_	
ŧ		N (If outside corporate limits, wri	e RURAL	c. LENGTH OF STAY IN 18	c. CITY OR TOW		porate limits, write			_	iwn)
Po	ocomoke	City R. F. D		5 Years	Pocomoke	City R.	F. D.				
	I. NAME OF HO	SPITAL OR INSTITUTION	(If not in h	ospital, give street address)	d. STREET ADDR	ESS				ON	A FARM?
	NAME OF DECEASED (Type or print)	Wilbert		Middle Ornish	Lost	4. DATE OF DEATH	Month February	1	Day		Yeor 19 59
5. 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		Q AGE Ila wann	IF UNDER	TYEAR	IF UND	ER 24 HR
Ma	ale	Negro	WIDOW	ED DIVORCED	April 6,	1906	52 yrs.	Months	Days	Hours	Min.
10o	luring most of w	orking life, even if retired)	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(Slote or foreign	country)	12. CIT	ZEN O	F WHAT	COUNTR
10	Labore			Lumber	Maryl:				U.	S. A	
13.	FATHER'S NAM				14. MOTHER'S MAIL						
		Waters			Esther	Cornish					
IYes	. no, of unknown)	EVER IN U. S. ARMED FO		6. SOCIAL SECURITY NO. 17.	INFORMANT		Address				
	Мо			218-14-4546 1	Frank Corni	sh	Eden,	Maryl	and		
		DEATH [Enter only one co	use per lin	e for (o), (b), and (c).]					INTE	EVAL BETW	EEN ATH
	PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myocardial Fa	ailure					2 Mo	
	241	X DUE TO								20.00	
	Conditions,	if any, which) (b	1	Asthma					14	Yrs	•
		nmediate cause									
	couse lost.	he underlying SUE TO					100474				
CERTIFICATION	PART II.			CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PAR			AUTOPSY PRMED? NO 🌊
CERTIF	PRIMARY OF DEA	CAUSE WAS CONTRIBUTING D	Ob. DESCR	IBE HOW INJURY OCCURRED.	(Enter nature of injury i	in Port I or Port II	of item 18.)				
MEDICAL		NJURY Month, Doy, Ye	Wh		LACE OF INJURY (Home lictory, street, office bldg	, form, 201, (Cit	y or town)	(Co	unty)		(State)
			of the	remains described at	ove, held an Aut	topsy []. I	nspection 50,	Inquir	v G	an	id in my
		oth resulted fram:		400			-	rmined r	, 640		o in my
	ACTUAL SIGNATURE_	De John	en		M.D. CHIEF MEDIC	AL EXAMINER				DATE S	SIGNED
	-				ASSISTANT M	EDICAL EXAMINE	ER 🗍				
	EXAMINER'S NAME (Type)	R. H. Joh	nson		DEPUTY MED	ICAL EXAMINER	E Feb.	14.	195	9	
220	BURIAL, CREM	ATION, 226. DATE THERE)F	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town, o			(Stot	•)
	Burian	2/15/5	9	FLOWERS HI	T.T.	EI	DEN		MAR	YLA	ND
23.	FUNERAL DIREC	TOR'S SIGNATURE		ADDRESS	240.	REC'D BY REGIS	TRAR 24b. REGIS				
T	MATLLITAN	HJAMES JR	PRT	NCESS ANNE	MARYLANDA	FEB 1 6 '5	ig an	thur &	4		

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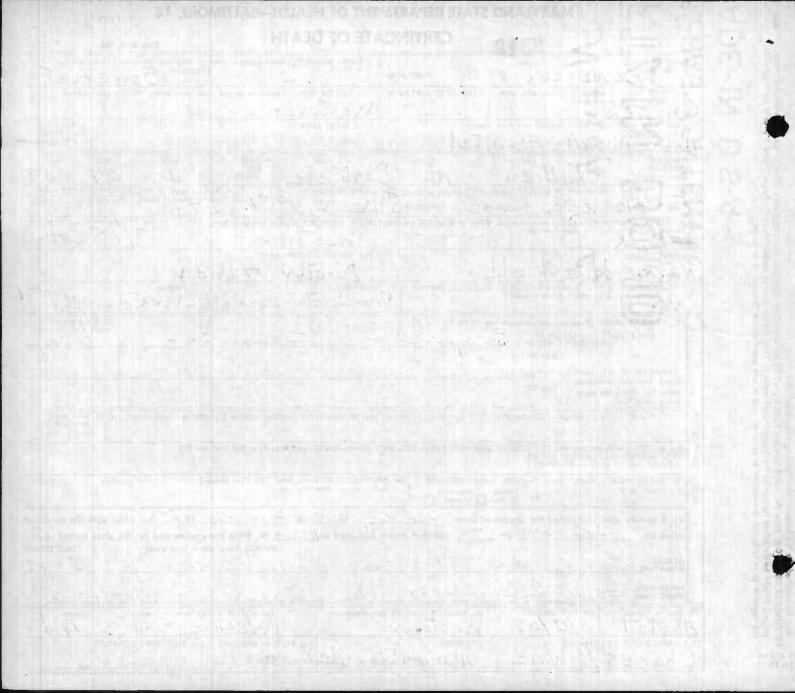
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Hour o. m.

PHYSICIAN'S NAME (Type)

p. m

	020					Keg. Dist. I	40,	
1. PLACE OF DEATH o. COUNTY Some:	rset	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary		ived. If institution b. COUNTY	on: Residence be		n)
b. CITY OR TOWN (If outside of RURAL and give neares your Crisfield		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		te limits, write R	URAL and give	nearest tawn)	
d. NAME OF HOSPITAL (If not on institution McCready Mei			d. STREET ADDRESS				e. IS RESID	
3. NAME OF DECEASED (Type or print)	Birdie	Mae Middle	Doyle	4. DATE OF DEATH	ebrua		6°y Y	eor 5
	r OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7/30/1886	9.	AGE (In years last byrthdoy) yrs.	Months Day	-	24 HR Min.
100. USUAL OCCUPATION (Give k during most of warking life, ex Housewife	ind of work dane 10b. ren if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Virgini		nfry}		S.	OUNI
13. FATHER'S NAME George Pr	ice		Celia Ja	ine Ma	ckmean	S		
15. WAS DECEASED EVER IN U. S. (Yes. no. or unknown) If yes, give w	ARMED FORCES? 16.		nformant almage Doyl	e, Pr	incess		Md.	
18. CAUSE OF DEATH [Enter PART I. DEATH WAS C IMMEDIA		ine for (a), (b), and (c).]	nhali- 2	Seizen	eratil		NTERVAL BETT	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO	6. miprosi	liter - Ed	ester	rephri	the."	Je.	
PART II. OTHER SIGNIF		CONTRIBUTING TO DEATH BY	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(o	PERFOR	
200. ACCIDENT WAS UNDERLOOK CONTRIBUTING CAUSE	OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Port I or Port I	of item 18.)			

20c. TIME OF INJURY Year Doy. 20d. INJURY OCCURRED Nat while at wark

at work

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) (County)

(Stole)

DATE SIGNED

21. I certify that I attended the deceased from 19.52, that I last saw the deceased and that death occurred of 1200 M, from the causes and on the date stated above.

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)
Princess Anne, Maryland

220. BURIAL, CREMATION, REMOVAL (Specify) 2/22/59 St. Andwers ADDRESS 28. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Princess Anne, Md. DATE FEB 25'59

Orthur & Krous

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		au Sam Tallosmer Hod (Abada)	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2303 CERTIFICATE OF DEATH 02296

	476	UU	951111					Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Somerset		4 MARY	ZAND 2	o. STATE Mary	Where deceased	d lived. If instituti b. COUNTY			ssion)
RURAL and give n	If outside corporate limi learest town) Crisfield	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (If outside corpo	rote limits, write R	RURAL ond give	e nearest tow	vn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS	. Fifth	st.		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir INF		Middle B OY		FOSQUE	4. DATE OF DEATH	Febru		Day 13	Yeor 19 59
5. SEX Male	6. COLOR OR RACE	7. MARR	DIVORCE		ebruary 12	, 1959	9. AGE (In years lost birthday) No yrs.	Months No	YEAR IF UNE	
10a. USUAL OCCUPATION during most of wor Infe	ON (Give kind of work of king life, even if retired)	done 10b.	None	R INDUSTRY	Crisfield				USA	T COUNTRY
13. FATHER'S NAME	harles E. S	tewar	d, Jr.	1	Emily F.					
	R IN U. S. ARMED FOR (If yes, give wor or dotes of st None	CES? 16.		100	y F. Fosqu	10, 11 5	oth St.,		eld, M	ld.
Canditions, if a gove rise to i couse (a), stating lying cause lost.	the under-		-	y	ant y					
CAT	AS UNDERLYING CAUSE OF DEATH				T RELATED TO THE TER			VEN IN PART 1	PERF	AUTOPSY ORMED?
(IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	MEDICAL EXAMINER)	r 20d. IN While at work	JJURY OCCURRED Not while	20e. PLACE foctor)	OF INJURY (Home, for, street, office bldg.,	orm, 20f. (City	or town)	(Cou	uniy)	(Stote)
21. I certify the alive an	nat I attended the				corred at 7A	ADDRESS (S		and an the		
PHYSICIAN'S NAME (Type)	SARAH M. P					eld, Ma				
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	2-14-59		Zc. NAME OF CEM Lawsonia			Crisi	Cield, Ma	ryland		te)
23. FUNERAL DIRECTOR	's signature & Sons. Cr	isfie	ADDRESS	and	24g. RE	C.D BY SECIEL		STRAR'S SIGN		

TO HOSPITAL OR VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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2217	CERTIFICA	ATE OF DEATH	1	Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (Who o. STATMaryla	ere deceased lived.	COLUMN CO	erset
	Life	c. CITY OR TOWN (IF o	utside corporate lim	its, write RURAL and gir	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	lress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Woodland	Jacks	on	4. DATE OF DEATH	February	1° Yeo 59
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		8. DATE OF BIRTH March 20, 1	882 9. AGE	the late of the la	YEAR IF UNDER 24 HRS. Days Hours Min.
100. KATHEDATION (Give kind of work done 10b. KIN during most of working life, even if retired)	ND OF BUSINESS OR INDU	Marylan			EN OF WHAT COUNTRY
13. FATHER'S NAME Adolphus Jackson		Joseph	ine Sim	ns	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)		arion Jacks	on Mt.	Vernon,	Md.
331 × DUE TO Conditions, if any, which) (b) CO	rebral Vas	cular accide			INTERVAL SETWEEN ONSET AND DEATH 2 Weeks Vears
gove rise to immediate couse (a), stating the under- lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONF	DITION GIVEN IN PART	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port I ar Part II of i	em 18.}	YES NO DE
Hour o. m. While	RY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or tow	n) (Co	ounty) (State)
21. I certify that I attended the deceased alive an Feb 1 ., 19 5 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Everett C.S.	2 and that death	Mb. Dam	OM, from the ADDRESS (Street, ci	causes and an the y or town, stote) Ser, Mary	e date stated abave DATE SIGNED Land
Buyya (pecify) 2/4/59	Asbury Met		Mt. Ve	rnon, Mar	
23/FUNERAL DIRECTOR'S SIGNATURE Princ	ess Anne,		BY REGISTRAR	246. REGISTRAR'S SIGN	

moy be retained by the haspital ar attending physicion.

O FUNERAL DIF OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR moy be retoined TO FUNERAL DIR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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FOR STATE HEALTH DEPT

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our files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is neezed the consisted, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral at should be included to the Chief Medical Examiner's Office along with form PMS. Page 5 may be relained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremation, or removal, and in any event within 72 types should be death.

VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 230%

	d O C T				Key. Di	SI. 140.
o. COUNTY SO	omerset	MARYLAND	2. USUAL RESIDENCE (W		f institution: Resider	
and give negrest fow	If outside corparate limits, write RUR risfield	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	oulside corporate limit	s, write RURAL and	give nearest lown)
_	tal or institution (if no 24 Tyler St.	in hospital, give street address)	/d. street address 324 Tyle	r St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CHARLES	Middle ALONZO	PAIGE	4. DATE OF DEATH FO	Month bruary 2	1, Yeor 19 59
s. sex Male	5.7	MARRIED NEVER MARRIED A 8	February 6,	1955 9. AGE (In lost withd	mud fund	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATE during most of worki None	ION (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INDUST None	RY 11. BIRTHPLACE (Stote Crisfiel		12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME Charles	Miles		Lucy Pai			
15. WAS DECEASED EVITOR NO. or unknown)	VER IN U. S. ARMED FORCES (If yes, give wor or dates of service None		oformant acy Paige, 32		., Crisfic	eld, Md.
916.0 Conditions, if a gave rise to imme (a), stating the cause last.	idiale cause	Body burned to cl Arms and legs bur	narcoal.		1116	
5		ONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMI	NAL DISEASE CONDITION	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	USE WAS 206. DI	Dwelling fir e.	nter nature of injury in Part	f or Port II of item 18.)	
20c. TIME OF INJU		20d. INJURY OCCURRED 20e. PLACE White Not white focial of work X	CE OF INJURY (Home, form bry, street, office bidg., etc.) HOME		Ld, Somer:	
opinion death	resulted from: Nati	the remains described oboural causes . Accident [Lowwww ulbourn, M. D.	X. Suicide	domicide . U	ndetermined m	DOUI PATE SIGNED 2-22-59 EXAMINED
220. BURIAL CREMATIC REMOVAL (Specify Burial	2-22-59	22c. NAME OF CEMETERY OR Lawsonia Cem	CREMATORY	22d. LOCATION (City. Crisfie	town, or county)	(Stote)
23. FUNERAL DIRECTOR Bradshaw	r's signature 7 & Sons, Cris	field, Md.			Inthur & Ha	

MARYTAN STATE DEPARTMENT OF HEALTH-BATTWORELIS LESS MARYTAN STATE OF DEATH L

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		and Christial Inc	6-0-5 H	T.
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FOR STATE HEALTH DEPT.

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Because Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is no execute the contact, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral should be included to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to Flower AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, or removal, and in any event within 77 Mours after death.

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		2	or its designated agent, prior to burial, cremation, or removal, and in any event within 72/1
		1 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and	
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	2/0	7	
183	1/3	18	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2305 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Dist		9	-	2	2	9	B 10.
CACI.	12461	No.				. 63		

Keg, Dist. No.
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Somerset.
c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Crisfield
d. STREET ADDRESS / 324 Tyler St. e. IS RESIDENCE ON A FARMS YES \(\sum \) NO (\frac{1}{2})
PAIGE 4. DATE OF DEATH PAIGE A DATE OF DEATH February 21, 19 59
DATE OF BIRTH June 11,1950 9. AGE (In years lead birthday) Manlhs Days Hours Min.
RY 11. BIRTHPLACE (State or foreign country) Crisfield, Md. 12. CITIZEN OF WHAT COUNTRY? USA
14. MOTHER'S MAIDEN NAME Lucy Paige
risfield, Md. (Lucy Paige 324, Tyler St.
charcoal. burned off. (partly) or related to the terminal disease condition given in Part 1(0) 19. Was autopsy
PERFORMED YES NO No Note of injury in Port I or Port II of item 18.)
CE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) ory, street, office bidg., etc.) Crisfield, Somerset, Md.
ve, held an Autopsy , Inspection , Inquiry , and in my Suicide Hamicide , Undetermined manner Lam 1. Coulbourn, M. D DATE SIGNED ASSISTANT MEDICAL EXAMINER 2-22- DEPUTY MEDICAL EXAMINER PA
CREMATORY 22d. LOCATION (City, fown, or county) (Stote) etery Crisfield, Md.
240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE FEB 2 7 '59 Orthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH - SALOMORE, 18 2305 LEDICAL EXAMINER'S CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 230MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	2000								Keg. UI	1. 140.	
I. PLACE OF DEATH a. COUNTY	Somerset		MARYLA		a. STATE		Where deceases yland	b. COUN			
b. CITY OR TOWN (II ond give nearest town	crisfield	JPAL (Lifetime	116	c. CITY OR	-	f outside corpo sfield	rate limits, write	e RURAL and	give ne	arest town)
d. NAME OF HOSPIT	324 Tyler		ol, give street oddress)		d. STREET A		Tyler	St.			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MARY First		LUCILLE		PAIGE	3	4. DATE OF DEATH	Februs	ry 21,	Doy	Yeor 19 59
5. SEX Female	1 27	MARRIED	NEVER MARRIED DIVORCED	_	Cember			AGE (In years four buthday) 710 yrs.	Manths [YEAR Days	Hours Min.
10a. USUAL OCCUPATIO during most of workin None	ON (Give kind of work dang ife, even if retired)	e 10b. KIN	D OF BUSINESS OR IN	IDUSTRY	11. BIRTHPL			intry)		EN OF	WHAT COUNTRY
13. FATHER'S NAME				14	. MOTHER'S	MAIDEN	NAME				44
	Charles Mile				Lucy	Paig	e				
15. WAS DECEASED EV (Yes, no. er enknown) No	ER IN U. S. ARMED FORCE (If yes, give war or dates of serv None	ES? 16. SO	None	Luc Luc		e, 3	24 Tyle	Address		eld	, Md.
GOOD Conditions, if o gave rise to immedial, stoting the cause last.	diate cause	Body	burned to and legs	cha	rcoal.		partly		re.		
PART II. OTH	HER SIGNIFICANT CONDIT	TIONS CONT	RIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART		WAS AUTOPSY PERFORMED? ES NO NO
	USE WAS NTRIBUTING 20b.		ow INJURY OCCURRI		noture of in	ury in Por	rt I or Port II o	f item 18.)			
5:00 p.m.		While	Not while at work 20e.		street, affice		.) !	s town)	Somer		, Md.
opinion death	resulted from: Na	ulla	our Accide	ent 🗷,	Suicide	EDICAL E	Homicide	Under Harm Harm Harm Harm Harm Harm Harm Har	ermined m	lbut	DATE SIGNED
REMOVAL (Specify) Burial	2-22-27		LAWSONIA CE		EMATORY LY		Crisf	on (City, town,	or county)	ANN	(51014)
23. FUNERAL DIRECTOR Bradshaw	& Sons, Cri	sfield	ADDRESS 1, Md.			240. REC	FEB 2 7		Dethun &		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2307 2307

Reg. Dist. No. 12301

1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (M	Vhere deceased lived. If in land b. COL	_	
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) Crisfield	rite RURAL and give	nearest town)			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS 324 Ty	ler St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ORVILLE	ANTONIO	PAIGE		ruary 21,	Yeor 1959
5. SEX Male 6. COLOR OR RACE Negro WIDOWE	D DIVORCED	January 29,	,	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) NONE	None	Crisfield	or foreign country) Md.	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME Charles Miles		14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. go. er unknown (If yes give war or dates of service) NONE		rocy Paige, 3	24 Tyler St.		ld, Md.
Q 16. O DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying cause last. (c) ATI	idently burned to che and legs burned to che burned to che burned to death but n	arcoal.	(partly)		19. WAS AUTOPSY PERFORMED?
CAUSE OF DEATH.	e HOW INJURY OCCURRED. (EI	nter nature of injury in Part	l or Part II of item 18.)		
They 6 m and to While	INJURY OCCURRED 20e. PLACE foctors of work HO	ry, street, office bldg., etc.	20f. (City or town) Crisfield.	(County) Somerset.	(Stote)
21. I certify that I took charge of the opinion death resulted from: Notural of ACTUAL SIGNATURE EXAMINER'S NAME (Type) William H. Coull	Couses []. Accident [M.D. CHIEF MEDICAL EX	, Inspection	M, Inquiry cetermined manner outbourn, ICAL EXAM	Ond in my ner Date ligned 2-22-
220. BURIAL CREMATION, 27b. DATE THEREOF BURIAL (Sprcity) 2-22-59	22c. NAME OF CEMETERY OR CEME	CREMATORY	22d. LOCATION (City, tow Crisfield,	n, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246. RE		

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg.	Dist.	No.				0		Page

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DIRECTOR:

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PLACE OF DEATH o. COUNTY Somerset

MARYLAND

Maryland

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Somerset

b. CITY OR TOWN III outside corporate limits, write RURAL Crisfield

c. LENGTH OF STAY IN 16 Lifetime

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

d. STREET ADDRESS

. IS RESIDENCE ON A FARM? YES NO X

3. NAME OF DECEASED

RALETCH

Middle GREGORY

PATGE

Month February 21. DEATH

Year

(Type or print) 5 SEX

6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH

324 Tyler St.

March 11. 1956

9. AGE In years

1959 IF UNDER TYPAR IF UNDER 24 HRS. Hours

Male

Negro

WIDOWED [DIVORCED [

None

10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Crisfield. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

Charles Miles

during most of working life, even if retired)

14. MOTHER'S MAIDEN NAME Lucy Paige

None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates at service)

16. SOCIAL SECURITY NO. 17. INFORMANT None

Address Lucy Paige, 324 Tyler St., Crisfield, Md.

324 Tyler St.

No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

Accidently burned to death in dwelling fire.

INTERVAL BETWEEN

IMMEDIATE CAUSE (o) **DUE TO**

DUE TO

Body burned to charcoal.

William H. Coulbourn, M. D

Conditions, if ony, which) gave rise to immediate cause (a), stating the underlying couse last.

Arms and legs burned off.

(MEDICAL EXAMINER

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PORCES ON THE SET IN COUNTY PERFORMED?

20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.

20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

Dwelling Fire.

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) factory, street, office bldg., etc.)

(County)

(Stote)

DATE SIGNED

(Stote)

NO X

20c. TIME OF INJURY

Month, Doy, Year

Not while 2-21 19 59 of work of work

Crisfield, Somerset, Md. 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection \$1. Inquiry ...

and in my

ACTUAL SIGNATURE

opinian death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner

M.D. CHIEF MEDICAL EXAMINER

2-22-59

EXAMINER'S NAME (Type)

William H. Coulbourn, M. D.

DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county)

ASSISTANT MEDICAL EXAMINER

220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)

Tawsonia Cemetery

Crisfield, Md.

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons. Crisfield, Md.

DATE FEB 2 7 '59

arthur & House

should be FUNERAL D 407 5M 2/57

MARIANE STATE OFF AND STATE OF HEALTH AND STATE OF DEATH.

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prior

OR:

requires that the death certificate be executed within 24 haurs after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

92303

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2315 1. PLACE OF DEATH Somerset

MARYLAND

Maryland

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Somerset

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)
Kingston Lifetime

d. NAME OF HOSPITAL (If not in haspital, give street address)

RFD. Marion

Oyster & Crab

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kingston

d. STREET ADDRESS

RFD. Marion

e. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (Type or print)	LUKE		Middle G.	ROLLEY		OF DEATH	Februar		Do 4	,	Yeor 1959
5. sex	6. COLOR OR RACE	7. MARRIED M	NEVER MARRIED	B. DATE OF BIRTH Oct. 26. 1	900		9. AGE (In years Jost birthday)	Months Months		IF UNDE Hours	R 24 HRS Min.
10a. USUAL OCCUPA	TION (Give kind of work	done 10b. KIND C		/		foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTR

during most of working life, even if retired)
Seafood Worker 13. FATHER'S NAME

No

OR INSTITUTION

Maryland 14. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNTRY? USA

George Rolley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. None

Cora Taylor

Address Margie Rolley, Box 216, Marion, Md.

PART I. DEATH WAS CA	used BY: CAUSE (o) Obar Pacuso Do 1 a	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), solong the <u>under-lying couse</u> (ost.	DUE TO (b)	16 8a
/	(c)	N GIVEN IN PART 1(a) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year Hour o.m. p. m.

20d. INJURY OCCURRED Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.)

(County) (State)

YES NO T

(State)

. 1959, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 12:300M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

22b. DATE THEREOF

2-7-59

Tain cess

DATE SIGNED

PHYSICIAN'S E. G. Marksman. M. D. NAME (Type)

Princess Anne. Md. 22c. NAME OF CEMETERY OR CREMATORY Marumsco Cemetery

22d. LOCATION (City, town, or county) RFD, Marion, Md.

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION,

ADDRESS

24g. REC'D BY REGISTRAR

Orthun & Krone

24b. REGISTRAR'S SIGNATURE

O FUNERAL DI 01 VS A15 (4) 15M 10/57

Bradshaw & Sons, Crisfield, Md.

DATE FEB 1 3 '59

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funeral director, lould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be relained by the hospital ar attending physician. TO FUNERAL FOR After this certificate has been signed by the attending physician and campletely filled in the complete of the control of the con

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2300 CERTIFICATE OF DEATH

Reg. Dist. No. 123()4

16/23/23/2				Keg. D	IST, INO,	
1. PLACE OF DEATH O. COUNTY SOMERSET	MARYLAND	O. STATE MARYTAN	re deceased lived.	If institution: Reside COUNTY SOME	nce before admi	ssion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD LIFE	TIME	c. CITY OR TOWN (If our	tside corporate lim	its, write RURAL and	give nearest tov	vn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 204 N. FIRST ST.		d. STREET ADDRESS 204 M.	FIRST ST		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) EARL THOMAS	Middle GILBERT	STERLING	4. DATE OF DEATH	Month FEB. 16	Day	Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER WHITE WIDOWED D		DATE OF BIRTH DCT. 29, 1913	lost	(In years IF UNDE	Days Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEA FOOD DEALER CRABS &		CRISFIELD,			S A	T COUNTRY?
13. FATHER'S NAME LON STERLING		14. MOTHER'S MAIDEN NA	LICE MC C	PFA TV		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR (16. no. of unknown) 111 577–20–1		BETTY H. ST		Addres 204	N. Firs	
Conditions, if any, which gave rise to immediate cause (a), stating the under. lying cause last.	Myoch	mic/	Lyper	time	ONSET AN	72212
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 18 1	ty to	OT RELATED TO THE TERMIN			PERF	AUTOPSY ORMED?
20c. TIME OF INJURY Month, Day, Year Mhile Not while of work of work	factor	E OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or tow	n) (County)	(State)
21. I certify that I ottended the deceased fram	d that death o	ccurred of 7:35P.	M, from the DORESS (Street, cit	causes and on t	he dote stat	deceosed ded obave DATE SIGNED
BURIAL FEB. 19, 1959 SUNNY	RIDGE CEN	REMATORY :		ity, town, or county) LD, MD.	(Sto	ite)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRADSHAW & SONS—CRISET		24a. REC'D	BY REGISTRAR 5 '59	246. REGISTRAR'S SI	GNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2316 CERTIFICATE OF DEATH

12305

	32020				Reg. Dist.	. No.
1. PLACE OF DEATH	ST M	MARYLAND	2. USUAL RESIDENCE (Whe	b. COI	UNTY	
SOMER			MARYLA	AND	SOM	CERSET
RURAL ond give neor	ulside corporate limits, write est town)		c. CITY OR TOWN (If ou		rite RURAL and give	re nearest lown)
	SFIELD	1 DAY	39 URISI	FIELD		
d. NAME OF HOSPITAL OR INSTITUTION EDW. W.	(If not in hospital, give street MCCREADY)	MEMORIAL HOS	d. STREET ADDRESS P 1 102 N.	. FIRST	STREET	e. IS RESIDENCE ON A FARM? YES NO F
3. NAME OF DECEASED (Type or print)	First Bo1	NNIE SUE	SWIFT	4. DATE OF FE	Month UAR Y	7 11 19 59
F	WIDOV	WED DIVORCED	B. DATE OF BIRTH 1-6-59	9. AGE (In) lost birtho	days) to the	YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION during most of working	(Give kind of work done 10)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote o	or fareign country)	12. CITIZ	EN OF WHAT COUNTRY
INFAN		None	CRISFI	TELD. MD.	Ţ	JSA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA			
ELWOOD			CLAUDE	ETTE WILI	KINS	
(Yes. no. or unknown) (IF y	N U. S. ARMED FORCES? 16, give wor or dates of service)		NFORMANT CLAUDETTE N	W. SWIFT	Address 102 N	FIRST ST
18. CAUSE OF DEATH	[Enter only one couse per	line for (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY: AMEDIATE CAUSE (o)	Ansum	20-201011			ONSET AND DEATH
493x	DUE TO		10-00-00			acrecys
Conditions, if ony,	which Y					
gove rise to imm	rediote (
couse (a), stating the lying couse lost.	under- DUE TO					
) (c)					
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	4 GIVEN IN PART 1	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER 200. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Pa	ort I or Port II of item 18	.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d.	INJURY OCCURRED 20e. PL/	ACE OF INJURY IHome, form,	20f. (City or town)	ICo.	unty) (Stote)
Hour o.m.	19 While		tory, street, office bldg., etc.)			(5.0.0)
			T)	1 11	50	
77-	I attended the decea			EB 11 , 19	OSthat I la	st saw the decease
alive on <u>I' E</u>	$B \perp L \downarrow 19$	og , and that death	occurred at 6:451	M, fram the caus	es and on the	date stated abov
	Vo an	WELL AND AND THE		DDRESS (Street, city or to		DATE SIGNE
SIGNATURE	et aure	19	M.D. Cres	e heild,	2271	
PHYSICIAN'S NAME (Type)	G.G. RAWLEY	M.D.	CRISFI	ELD, MAR	YLAND	
	22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, to		******
REMOVAL (Specify)	2-13-59	Sunnyridge Pa		Crisfield,	Maryland	(Stote)
I. FUNERAL DIRECTOR'S SI	~ ') //					
		ADDRESS			REGISTRAR'S SIGN	ATURE
Bradshaw &	Sons. Crisfie	eld. Maryland	DATE	FEB 1 7 '59	C1.71 - 6	0 4

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	2317		CERT	IFICA	TE OF DE	ATH		Reg.	Dist. No.	9230
1. PLACE OF DEATH 0. COUNTY	OMERSET		MAR	YLAND	2. USUAL RESIDENCE O. STATE MA.	E (Where deceded RYLAN.			lence befor	
b. CITY OR TOWN (II RURAL and give ne	f outside carporate limits	, write c.	LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	N (If outside co				
d. NAME OF HOSPITA	AL (If not in haspital, given MCCREADY			•	d. STREET ADDRE	SS		ROAD		e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	First BLA	NCHE	Middl O.	le	lost WARD	4. DAT OF DEA	HFEBRU	Month AR Y	Do	y Yeor
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED			5-28-18		9. AGE (In yellost birthdo	ears IF UND		Hours Min.
HOUSEWI	ing life, even if refired)		n home	OR INDUS	MA	RYLAN	n country)		U.S.	F WHAT COUNT
13. FATHER'S NAME THOMA	- 1/10-11		0		14. MOTHER'S MAII	ICE	HORNE	R		
15. WAS DECEASED EVER (Yes, no. or unknown) No	R IN U. S. ARMED FORCE If yes, give wor or dates of ser None	vice)	None		RRAY E.	WARD		Address ISFI	ELD,	MD.
	TH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	se per line fo	(a), (b), and (c)	nd.	grand					RVAL BETWEEN ET AND DEATH
Conditions, if ar gave rise to in cause (a), stoting t lying cause last.	nmediate (
PART II. OTH	ER SIGNIFICANT COND		FRIBUTING TO DI	EATH BUT I	NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION	GIVEN IN P.	ART 1(a) 15	P. WAS AUTOPSY PERFORMED? YES NO
	LI CAUSE OF DEATH	POb. DESCRIBE	E HOW INJURY (OCCURRED	. (Enter nature of inju	ry in Part I or f	Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJUR While at wark	Not while at wark	20e. PLA fact	CE OF INJURY (Home ary, street, office bldg	, farm, 20f. (C	City or town)		(County)	(State
21. I certify the	at I attended the a	deceased f	fram for	3	, 19_57_, to	7-6	, 19_	53that	l last sa	w the deceas

192-7, and that death accurred at 1257 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state)

ACTUAL CRISFIELD. MD.

PHYSICIAN'S NAME (Type) PEYTON. M.D. CRISFIED, MARYLAND 22b. DATE THEREOF 22d. LOCATION (City, town, or county)

22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 2-4-59 Sunnyridge Park 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Bradshaw & Sons, Crisfield, Md.

Crisfield, Md.

24a. REC'D BY REGISTRAR DATE FEB 4

246. REGISTRAR'S SIGNATURE

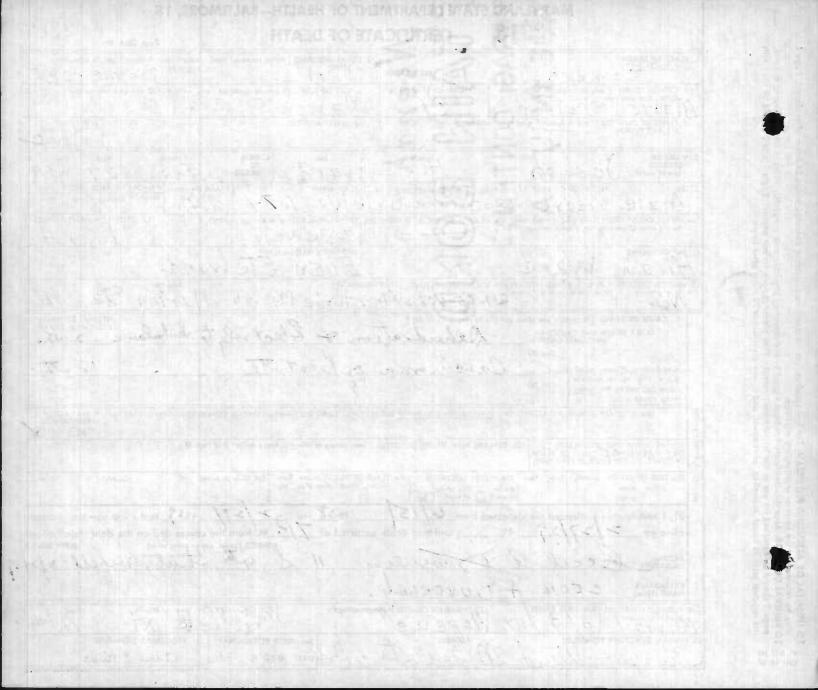
(State)

VS A15 (4) 15M 10/57

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Caramana and Caram			
		S. C. Verre	120
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Thrus Measure		N. C. TALLEY	
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CONTRACTOR OF THE PROPERTY OF	THE PARTY OF	A SALINA CONTRACTOR	
	all the ball, but Bally	Envariant & winning	

2318 CERTIFICATE OF DEATH Rea. Dist. No. directar, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY & b. COUNTY JOMEY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) Z d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES TI NO NAME OF First Middle 4. DATE Month Day Yeor DECEASED 5CD (Type or print) DEATH 193 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lest birthdoy) Months Doys Hours Min. WIDOWED DIVORCED T yrs. 100. USUAL OCCUPATION (Give killed of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 - BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) offer 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME Ö physici move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc. o. m While Not while of work ol work 21. I certify that lattended the deceased from that I last saw the deceased and that death accurred at from the causes and an the date stated above. ADDRESS (Street, city or town DATE SIGNED ACTUAL SIGNATUR Ö P PHYSICIAN'S ECIL UVERNG NAME (Type) en 220. BURIAL CREMATION. 22b. DAJE IHEREOF 22c. NAME OF CEMETER WOR CREMATORY (Stote) REMOVAL (Specify) 0 **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE arthur & thous 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2319 CERTIFICATE OF DEATH

Reg. Dist. No.

o. COUNTY Somerset	MARYLAND	o. STATE Mary Land b. COUNTY Somerset				
b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) Princess Anne I	de corporate limits, write RU	RAL and give nearest town)				
d. NAME OF HOSPITAL (If nat in hospital, give street addres OR INSTITUTION	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION d. STREET ADDRESS					
(Type of print)		rwick	DATE OF Feb	13, Year 59		
female 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	DIVORCED B.	DATE OF BIRTH		Months Doys Hours Min.		
10o. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
James U. Warwick		Mary G.	Lankford			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (II yes, give wor or dates of service)		ormant s Margaret	Brereton: I	Princess Anne		
OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	aner	OT RELATED TO THE TERMINAL (Enter nature of injury in Port		N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO		
	OCCURRED 20e. PLACI Not while factor If work	E OF INJURY (Home, farm, 2) y, street, office bldg., etc.)	Of. (City or town)	(County) (State)		
21. I certify that lattended the deceased fralive on Told 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	, ond that death o	Princes	A, from the couses or RESS (Street, city or town, steep)	12/15/59 Md		
Buriar 2/15/59 Wa	NAME OF CEMETERY OF C	.ly Ru		ss Anne, Md.		
	Princess Ar	ne, Md DATE FEB		MAR'S SIGNATURE		

		THE PERSON NO. 1			
		E OF DEATH		1188.	
		hina et en en en			
	Cay I		A THE SECTION		
		THE LABOR			Mah. 45
o 4		hat a			
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度相談					
		The same			
				1 1 1	

Rea. Dist. No

e. IS RESIDENCE ON A FARM?

YES NO T

Year

19

Hours

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

59

Doy

IF UNDER TYEAR

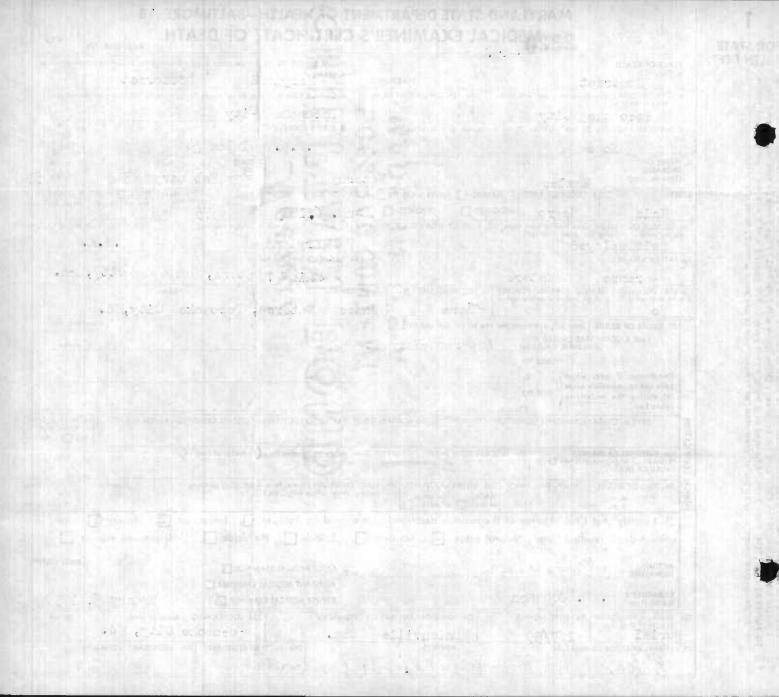
Months

Maryland	US.A.
THER'S MAIDEN NAME	
Annie Thaters, Poco	noke Cip, ld.
NT , Addre	198
Waters , Pocomoke	City,Md.
	INTERVAL BETWEEN ONSET AND DEATH
ct Disease	Years
The state of the s	
TED TO THE TERMINAL DISEASE CONDITION C	SIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
re of injury in Part I or Part II of item 18.)	120 100
or of the contract of the cont	
JURY (Home, form, 20f. (City or town)	(County) (State)
, office bldg., etc.)	(Sinte)
d on Autopsy . Inspection .	
uicide 🔲, Hamicide 🔲, Unde	termined manner
	DATE SIGNED
HIEF MEDICAL EXAMINER	DATE STONED
SSISTANT MEDICAL EXAMINER	
EPUTY MEDICAL EXAMINER 🗗 Fe	ebruary 5, 1959
DRY 22d. LOCATION (City, lowr	, or county) (State)
Pocomoke C	ity, Md.
240. REC'D BY REGISTRAR 24b. REG	GISTRAR'S SIGNATURE
DATE FEB 9 '59	Tuthun & Frank

Month

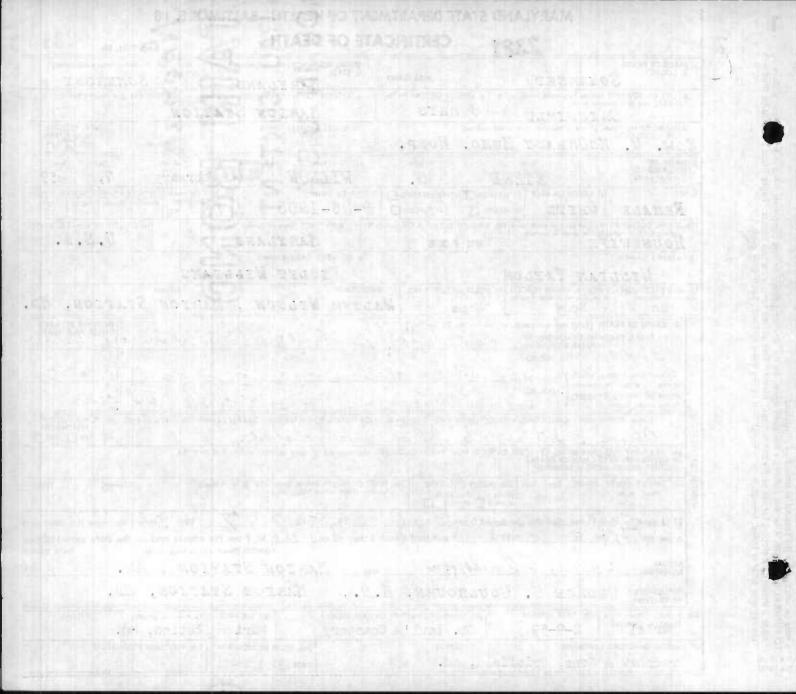
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VS. A15ME 5M 2/57



VS A15 (4) 15M 10/57

	MAKTI	AND	STATE DEPARTI	MENT OF F	HEALTH	-BALT	IMORE, 18	3	
	2	321	CERTIFIC	ATE OF	DEATH		30 35	Reg. Dist. No.	1231()
o. COUNTY	OMERSET		MARYLAND	a. STATE	MARY		ived. If institution b. COUNTY	SOMER	
RURAL ond give no			c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	utside corporo	te limits, write RUI	RAL ond give ned	arest town)
d. NAME OF HOSPIT	RISFIELD AL (If not in hospitol, g MCCREAD Y	ive street	oddress)	d. STREET		ON DI	ATTON		e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	Fir	st	Middle	Lo	est	4. DATE OF	Month		
(Type or print)		HEL	G.	WIL		DEATH	Februar	, ,	1959
5. SEX REMALE	WHITE	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT		9.		Months Days	Hours Min.
during most of work HOUSEWI	ing life, even if retired		KIND OF BUSINESS OR INC		MAR Y		ntry)		S.A.
13. FATHER'S NAME	m			14. MOTHER'S					•
	IAM TAYL				OLET	WILL			
15. WAS DECEASED EVE (Yes, no. or unknown) No	IN U. S. ARMED FOR If yes, give wor or dates of so None			ALTER	WILS	ON,	MARION		ON, MD
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	he under-	Gen	astic m	olique Occisio	r &	Panc	atteles melle	tu ye	nucles us
PART II. OTH Cluy 200. ACCIDENTING OR CONTRIBUTING (IF EITHER, NOTIFY	ne It	huge	CONTRIBUTING TO DEATH BE CLEAN CLEAN COLORS	ic muy	recal	les		N IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	200. DESC	ERIBE HOW INJURY OCCUR	KED. (Enter notuce o	or injury in r	off I or Poff I	or item 15.)		
20c. TIME OF INJUR Hour o. m. p. m.	Month, Day, Yeo	While of work	Not while	PLACE OF INJURY foctory, street, offic	(Home, form, e bldg., etc.	20f. (City o	r town)	(County)	(Stote)
21. I certify the alive on ACTUAL SIGNATURE	at 1 attended the B. E. C.	decease , 195				ADDRESS (Stre		d an the dat	te stated above DATE SIGNER
PHYSICIAN'S G	EORGE C.	Co	ULBOURN, 1	1.D.,	MAR.	ION S	TATION	, MD.	
220. BURIAL, CREMATIO REMOVAL (Specify)	275. DATE THEREO	F	St. Paul's				ON (City, town, or Station		(Stote)
23. FUNERAL DIRECTOR"	SIGNATURE Sons, Cri	0.	ADDRESS		24a. REC'E	BY REGISTRA	R 24b. REGIST	RAR'S SIGNATUR	RE



VS A15 (4) 15M 10/57

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led with	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2322 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY	COMERSET		MAR	YLAND	o. STATE	DENCE (WI		lived. If institution b. COUNTY	~	ce before o		
b. CITY OR TOWN (I RURAL and give no	If outside corporate limit earest town)	s, write	c. LENGTH OF STAT		c. CITY OR	TOWN (If o	outside corpor	ate limits, write R				
	SFIELD		69 YR.	S.	-		FIELL)				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION EDW. W. MCCREADY MEMO. HOSP.					d. STREET ADDRESS ASBURY AVENUE					e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	HOR		Middl	e	WIL		4. DATE OF DEATH	FEBRUA.		20	Yeor 19 5	9
5. SEX	6. COLOR OR RACE	7. MADD	IED NEVER MARR	IED 🖂	8. DATE OF SIRT	Н		9 AGE (In vents	IF UNDER	1 YEAR IF I		
MALE	WHITE	WIDOWE	D DIVORC	ED 🗌	2-16-3	1890		9. AGE (In yeors lost birthdoy) 69 yrs.	Months	Days Ho	urs Mi	n.
10a. USUAL OCCUPATIO	ON (Give kind of work of king life, even if retired)	lane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State	ar foreign co	untry)	12. CIT	IZEN OF W	HAT COUN	VTRY
RATIWAY	EXPRESS				M	AR YL.	AND		1120	U	S.A.	
13. FATHER'S NAME					14. MOTHER'S							
NED	WILS	ON						DARBY				
IS. WAS DECEASED EVE			SOCIAL SECURITY NO	D. 17. I	NFORMANT		Belli	Addi	ess			
No No	None		4-03-4195	MA	RY E.	SUA	REZ,	CRISFI	ELD	, MD		
18. CAUSE OF DEA	ATH [Enter only one co	use per lin	e for (o), (b), and (c)).]		44				INTERVA	L BETWEE	N
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	0 -	md ins	ini.	arch	5 in	Alle		gala.	UNSEL	ND DEAT	Н
420.1	DUE TO	600	elmil o	A	P.	LAN	1			1	1	H
Conditions, if o	ny which)	2	1	0.	4 '.)	1	1	00.		1	0 6	
gove rise to i	mmediate (We LOW		The No	1 pro	and a		-	_	no	And .
couse (a), stating the under- lying couse lost.								>				
	J (c)		ONITRIBUTING TO DE		1107 051 1750 75							
PART II. OTH	HER SIGNIFICANT CONI	JY	4,	AIH BUI	NOT RELATED TO) IMETERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	PI	RFORMED	?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	OCCURRE	D. (Enter noture o	f injury in F	Port I or Port	Il of item 18.)				
	Y Month, Day, Yea	r 20d. IN While of work	Not while of work	20e. PL/ foc	ACE OF INJURY (Home, form bldg., etc.	, 20f. (City	or town)	(0	County)	(Sto	ole)
21. I certify th	at I attended the	decease	d from \ a		, 1959	, to 7	· elr '2	0 , 19.5-9	,that I	ast saw	he dece	asec
alive an T	de . 19	. 19 5	1 and that	t death	accurred at	6:451	M. from	the causes a	nd on th	e date s	tated of	00110
		^						eet, city or town,		ic date s	DATE SI	
ACTUAL SIGNATURE	s and m	· P.	intra		M.D. CR	ISFI.		MARYLA		7	-120)	2
PHYSICIAN'S S	ARAH M.	PEY	ron, M.1	D.	(CRIS.	FIELL	, MARY	LAN	D		
220. BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREO Feb. 22,		22c. NAME OF CEM Sunnyrio					ON (City, town, o			Stote)	
23. FUNERAL DIRECTOR'			ADDRESS	II A		240. REC'I	BY REGISTR			NATURE		
Bradshaw	& Sons, Cr	isfi	eld. Md.			000	0 = 150					